PART B - FEE(S) TRANSMITTAL

Complete and send this form, together w. .. applicable fee(s), to: Mail Stop ISSU. EE

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless corrected maintenance fee notificated.	correspondence including the decidence of the decidence o	or tran ng the nerwise	smitting the ISSU Patent, advance or in Block 1, by (a	E FEE and PUBLICATI ders and notification of n) specifying a new corres	pondence address;	and/or (b) indicating	g a separa	orrespondence address as ate "FEE ADDRESS" for	
CURRENT CORREST ONDERGE ADDRESS (Note: Ose Block 1 for any change of namess)					e) Transmittal This	s certificate capnot l	he used for	domestic mailings of the any other accompanying or formal drawing, must	
20792 7590 08/22/2007 MYERS BIGEL SIBLEY & SAJOVEC PO BOX 37428 RALEIGH, NC 27627					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
					(Depositor's name)				
					(Signature)				
								(Date)	
APPLICATION NO.	. FILING DATE		FIRST NAMED INV		ATTORNEY DOCKET NO.		ET NO.	CONFIRMATION NO.	
10/076,963	076,963 02/15/2002			William Barcs 9259-2 1465				1465	
TITLE OF INVENTION: METHODS, SYSTEMS, AND COMPUTER PROGRAM PRODUCTS FOR PROVIDING AUTOMATED CUSTOMER SERVICE VIA AN INTELLIGENT VIRTUAL AGENT THAT IS TRAINED USING CUSTOMER-AGENT CONVERSATIONS									
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FE	E(S) DUE	DATE DUE	
nonprovisional	МО	NO		\$300	\$0 \frac{\shrt{\shin{\chin{\ent\shrt{\shin{\end{\chin{\end{\shrt{\shrt{\shrt{\shrt{\shrt{\shin{\shrt{\shin{\shrt{\shin{\shrt{\shin{\shrt{\shin{\len{\shin{\shin{\shin{\shin{\shin{\shin{\shin{\shin{\shin{\shin{\shin{\shin{\shin{\shin{\shin{\shin{\shin{\shin{\shin{\len{\shin{\len{\shin{\shin{\len{\shin{\shin{\shin{\shin{\sin{\sin}}}}}}}}}}}}}} \enditender\sint{\shin{\shin{\shin{\sin{\shin{\sin{\shin{\sin{\sin{\sin{\sin{\sin}}}}}}}}}}}}}} \enditender\shin{\sin{\sin{\si			11/23/2007	
EXAMINER		ART UNIT		CLASS-SUBCLASS	J				
SMITS, TALIVALDIS IVARS 2626			2626	704-275000					
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 				(1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a 2 registered patent atto	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Myers Bigel Sibley & Sajovec PA				
				THE PATENT (print or typ					
PLEASE NOTE: Unl recordation as set fort	ess an assignee is ident h in 37 CFR 3.11. Com	ified be	clow, no assignee of this form is NO	data will appear on the part of the part o			w, the do	cument has been filed for	
(A) NAME OF ASSIG				(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
Livewire	Acquisition,	Inc	•	Columbus. Ohio					
Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🗓 Corporation or other private group entity 🚨 Government									
4a. The following fee(s) are submitted: Solution Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies				b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0220 (enclose an extra copy of this form).					
-	tus (from status indicate								
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other than the applicant.									
NOTE: The Issue Fee an interest as shown by the i	ecords of the United Sta	uired) v	will not be accepted ent and Trademark	Office.	ne applicant; a regi	stered attorney or ag	gent, or the	assignce of other party in	
Authorized Signature	Sutt VVV	104			Date Oct	tober 24, 2	007		
Typed or printed name				Registration No. 42,011					
This collection of inform an application. Confident submitting the completed this form and/or suggesti Box 1450. Alexandria, V	ation is required by 37 Ctiality is governed by 35 I application form to the ons for reducing this builting in 22313-1450. DO	CFR 1.3 U.S.C USPT rden, sl O NOT	11. The informatic 122 and 37 CFR O. Time will vary nould be sent to the SEND FEES OR (on is required to obtain or r 1.14. This collection is est depending upon the indiv e Chief Information Office COMPLETED FORMS TO	etain a benefit by the imated to take 12 re ridual case. Any co er, U.S. Patent and D THIS ADDRESS	he public which is to ninutes to complete mments on the amo Trademark Office, I SEND TO: Comm	o file (and , including ount of tim U.S. Depar nissioner fo	by the USPTO to process) gathering, preparing, and e you require to complete tment of Commerce, P.O. or Patents, P.O. Box 1450,	

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.